

If you are a substitute, to ensure your enrollment in this class, please provide the information below.

PLEASE PRINT.

1. CLASS INFORMATION

Start Date: _____

Class Title: _____

Name of person for whom I am substituting: _____

2. YOUR INFORMATION

Your Name: _____

Your Department: _____

Your Division: _____

Your work Address: _____

Your work Telephone: (____) _____

3. AUTHORIZING INFORMATION

Name of person authorizing your attendance: _____

Telephone number of authorizing person: _____

This person is my: (Please check one)

☐ Dept. Training Officer ☐ Training Coordinator ☐ Supervisor ☐ Manager

Please take this form to the STC reception desk in Suite 108 before 10:00 a.m. on the first day of class. This will enable our staff to process your registration immediately.

Thank you!